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## \*BIBDATASHEET\*

CONFIRMATION NO. 5365

Bib Data Sheet

|                             |                                       |              |                        |                                   |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/720,811 | FILING DATE<br>11/24/2003<br><br>RULE | CLASS<br>604 | GROUP ART UNIT<br>3762 | ATTORNEY DOCKET NO.<br>XEPMED-126 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/195,814 07/15/2002  
 which is a CIP of 09/496,613 02/02/2000 PAT 6,423,023  
 This application 10/720,811  
 claims benefit of 60/429,126 11/26/2002  
 and claims benefit of 60/494,895 08/13/2003

*13 Apr 05*  
*now*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 03/11/2004

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no                            | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>9 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>                                       |                           |                        |                       |                            |

## ADDRESS

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92657-0116

## TITLE

Extracorporeal pathogen reduction system

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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